



July 2, 2007

DHS HCO 07-8097

Mr. Jerry D. Stanger, Chief
Department of Health Care Services
Fiscal Intermediary & Contracts Oversight Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

DIENROLLMENT REPORT BY REASON AND PLAN - Effective Date 7/1/07

Reference: Contract Section 3.10.5.2.3 (5)(c) and 3.10.5.2.3 (7)(l)

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Care Services with the current version of the reports listed below.

- MSC-B-M05 Disenrollments by Reason and Plan, Accepted Medical Disenrollments
- MSC-B-M05D Disenrollments by Reason and Plan, Accepted Dental Disenrollments

If you have any questions, please contact Harry Gill at (916) 364-6620.

Sincerely,

Signature on Original Copy

Benjamin R. Coss
Project Director
California Health Care Options

cc: Reports File
Admin File – ID#1232

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MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 5/25/2007 - 6/25/2007

EFFECTIVE 7/1/2007

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL
ALAMEDA	Alameda Alliance For Health	0	12	2	5	0	1	1	10	99	0	0	1	0	2	0	0	1	0	134
	Blue Cross of CA Partnrshp	0	8	11	3	10	9	1	16	125	0	0	1	0	0	0	0	0	0	184
	COUNTY TOTAL	0	20	13	8	10	10	2	26	224	0	0	2	0	2	0	0	1	0	318
CONTRA COSTA	Blue Cross of CA Partnrshp	0	15	8	0	2	22	0	15	86	0	0	0	0	0	0	0	0	0	148
	Contra Costa Health Plan	0	14	5	1	0	2	0	3	63	0	0	0	0	0	0	0	2	0	90
	COUNTY TOTAL	0	29	13	1	2	24	0	18	149	0	0	0	0	0	0	0	2	0	238
FRESNO	Blue Cross of CA Partnrshp	0	4	1	1	1	1	8	9	137	0	0	1	0	0	0	0	0	0	163
	Health Net Comm Solutions	0	18	23	3	5	28	7	38	198	0	0	0	0	0	0	0	0	0	320
	COUNTY TOTAL	0	22	24	4	6	29	15	47	335	0	0	1	0	0	0	0	0	0	483
KERN	Health Net Comm Solutions	0	11	38	7	2	15	0	8	84	0	0	0	0	0	0	4	0	169	
	Kern Family Health Care	0	18	68	2	2	6	0	15	102	0	0	0	2	1	0	0	0	0	216
	COUNTY TOTAL	0	29	106	9	4	21	0	23	186	0	0	0	2	1	0	0	4	0	385
LOS ANGELES	Health Net Comm Solutions	0	61	204	76	49	78	46	243	883	0	0	0	0	0	0	0	28	0	1,668
	L.A. Care Health Plan	0	99	111	40	55	69	67	176	823	0	0	0	0	0	0	0	55	6	1,501
	COUNTY TOTAL	0	160	315	116	104	147	113	419	1,706	0	0	0	0	0	0	0	83	6	3,169
RIVERSIDE	Inland Empire Health Plan	0	2	5	1	5	2	7	19	200	0	0	0	0	0	0	0	6	1	248
	Molina Healthcare Partner	0	17	55	5	6	49	6	27	301	0	0	0	20	0	0	0	0	0	486
	COUNTY TOTAL	0	19	60	6	11	51	13	46	501	0	0	0	20	0	0	0	6	1	734
SACRAMENTO	Blue Cross of CA Partnrshp	0	8	34	22	7	9	3	29	199	0	0	0	0	0	0	3	4	0	318
	Care1st Partner Plan, LLC	0	4	7	0	1	9	0	15	64	0	0	0	0	0	0	1	0	0	101
	Health Net Comm Solutions	0	23	15	17	2	6	2	23	134	0	0	0	0	0	0	1	3	0	226
	KP Cal, LLC	0	0	1	0	0	1	0	0	17	0	0	0	0	0	0	0	0	0	19
	Molina Healthcare Partner	0	13	17	7	6	11	0	11	89	0	0	0	0	0	0	1	1	0	156
	WHA Community Health Plan	0	16	6	8	7	9	0	17	89	0	0	0	0	0	0	0	1	0	153
COUNTY TOTAL	0	64	80	54	23	45	5	95	592	0	0	0	0	0	0	5	10	0	973	
SAN BERNARDINO	Inland Empire Health Plan	0	7	17	5	11	12	17	29	289	0	0	0	0	0	0	0	6	1	394
	Molina Healthcare Partner	0	26	61	17	16	32	5	45	228	0	0	0	77	0	0	0	3	0	510
	COUNTY TOTAL	0	33	78	22	27	44	22	74	517	0	0	0	77	0	0	0	9	1	904
SAN DIEGO	Blue Cross of CA Partnrshp	0	41	27	8	4	5	4	16	114	0	0	0	0	0	0	5	0	0	224
	Care1st Partner Plan, LLC	0	10	8	4	2	9	0	5	37	0	0	0	0	0	0	0	1	0	76
	Community Hlth Grp Partner	0	39	26	6	3	8	1	33	98	0	0	0	0	0	0	0	0	0	214
	Health Net Comm Solutions	0	28	26	8	8	11	3	8	134	0	0	0	0	0	0	0	3	0	229
	KP Cal, LLC	0	0	6	0	2	1	0	0	15	0	0	1	0	0	0	1	0	0	26
	Molina Healthcare Partner	0	23	77	10	8	14	0	29	152	0	0	0	0	0	0	0	0	0	313
COUNTY TOTAL	0	141	170	36	27	48	8	91	550	0	0	1	0	0	0	6	4	0	1,082	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 5/25/2007 - 6/25/2007

EFFECTIVE 7/1/2007

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	2	4	0	1	5	3	5	25	0	0	0	0	0	0	0	0	0	45
	San Francisco Health Plan	0	11	2	0	0	0	3	8	61	0	0	0	0	0	0	0	0	0	85
	COUNTY TOTAL	0	13	6	0	1	5	6	13	86	0	0	0	0	0	0	0	0	0	130
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	6	13	3	3	3	1	15	140	0	0	0	0	0	0	0	0	0	184
	Health Plan of San Joaquin	0	4	10	1	0	4	2	12	96	0	0	0	0	0	0	0	0	0	129
	COUNTY TOTAL	0	10	23	4	3	7	3	27	236	0	0	0	0	0	0	0	0	0	313
SANTA CLARA	Blue Cross of CA Partnrshp	0	8	5	3	13	10	5	21	87	0	0	1	0	0	0	0	1	0	154
	Santa Clara Family H.P.	0	9	5	0	2	4	1	7	95	0	0	0	0	0	0	0	0	0	123
	COUNTY TOTAL	0	17	10	3	15	14	6	28	182	0	0	1	0	0	0	0	1	0	277
STANISLAUS	Blue Cross of CA Partnrshp	0	8	7	4	1	2	4	12	58	0	0	0	0	0	0	0	0	0	96
	Health Net Comm Solutions	0	7	16	4	2	1	0	15	64	0	0	0	0	0	0	0	0	0	109
	COUNTY TOTAL	0	15	23	8	3	3	4	27	122	0	0	0	0	0	0	0	0	0	205
TULARE	Blue Cross of CA Partnrshp	0	1	3	0	1	0	3	10	67	0	0	0	0	0	0	4	0	0	89
	Health Net Comm Solutions	0	9	13	0	3	19	0	37	107	0	0	0	0	0	0	4	0	0	192
	COUNTY TOTAL	0	10	16	0	4	19	3	47	174	0	0	0	0	0	0	8	0	0	281
2 PLAN & GMC COUNTIES TOTAL		0	582	937	271	240	467	200	981	5,560	0	0	5	99	3	0	19	120	8	9,492

VOLUNTARY COUNTIES																				
COUNTY	PLAN NAME	REASONS																		TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	
MARIN	KP Cal, LLC	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
SONOMA	KP Cal, LLC	0	0	2	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	5
	Sonoma Partners	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	2	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	5
VOLUNTARY COUNTIES TOTAL		0	1	2	1	0	1	0	0	2	0	0	0	0	0	0	0	0	0	7
GRAND TOTAL		0	583	939	272	240	468	200	981	5,562	0	0	5	99	3	0	19	120	8	9,499

NOTE: MSC-B-M05 includes only regular disenrollments (Type 2 transactions) and does not include EDER disenrollments (Type 3 transactions). Please refer to MSC-B-M27—Approved Emergency Disenrollments by Reason & Plan for EDER disenrollments (Type 3 transactions).

REASON CODE

I01 = System Created
 F01 = Could Not Choose Dr
 F02 = Beneficiary Preferred/Health Plan Did Not Meet Needs
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go

F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason
 F10 = No Reason Checked
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E11 = Other Health Coverage
 E12 = Moved Out of County
 X01 = Waiver Program Exempt

X03 = Indian Health Coverage
 X04 = Medical Exempt
 X05 = MER type E -Voluntary Aid Code or County

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 5/25/2007 - 6/25/2007

EFFECTIVE 7/1/2007

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	TOTAL
SACRAMENTO	Access Dental Plan	0	14	42	29	6	24	0	18	244	0	0	0	0	0	0	0	7	384
	Community Dental Svc, Inc.	0	11	8	12	6	6	0	10	143	0	0	0	0	0	0	0	2	198
	Liberty Dental Plan of CA	0	21	26	4	22	15	0	8	177	0	0	0	0	0	0	0	1	274
	Western Dental Services	0	10	31	32	26	7	3	20	209	0	0	0	0	0	0	0	4	342
	COUNTY TOTAL	0	56	107	77	60	52	3	56	773	0	14	1,198						
GMC MANDATORY COUNTIES TOTAL		0	56	107	77	60	52	3	56	773	0	14	1,198						

VOLUNTARY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	TOTAL
LOS ANGELES	Access Dental Plan	0	270	131	23	89	85	2	155	506	0	0	0	0	0	0	0	0	1,261
	American Health Guard	0	26	36	9	23	52	0	28	238	0	0	0	0	0	0	0	0	412
	Care 1st Health Plan	0	19	22	12	28	10	1	20	95	0	0	0	0	0	0	0	0	207
	Community Dental Svc, Inc.	0	6	14	9	6	1	1	5	26	0	0	0	0	0	0	0	0	68
	Health Net	0	77	48	26	19	22	0	24	188	0	0	0	0	0	0	0	0	404
	Liberty Dental Plan of CA	0	28	10	2	4	9	0	11	28	0	0	0	0	0	0	0	0	92
	SafeGuard Dental, Inc.	0	14	27	17	8	17	0	26	88	0	0	0	0	0	0	0	0	197
	Western Dental Services	0	64	73	41	48	16	0	71	190	0	0	0	0	0	0	0	0	503
COUNTY TOTAL	0	504	361	139	225	212	4	340	1,359	0	0	0	0	0	0	0	0	3,144	
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0							
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	United Health Plan	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	Western Dental Services	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	0	3	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	6
VOLUNTARY COUNTIES TOTAL		0	507	362	139	225	212	4	342	1,359	0	3,150							
GRAND TOTAL		0	563	469	216	285	264	7	398	2,132	0	14	4,348						

NOTE: MSC-B-M05D includes only regular disenrollments (Type 2 transactions) and does not include EDER disenrollments (Type 3 transactions). Please refer to MSC-B-M27D—Approved Emergency Disenrollments by Reason & Plan for EDER disenrollments (Type 3 transactions).

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